

# Death Certificate Application

To obtain any Minnesota death certificate, Minnesota law requires you to provide the information on this form, pay the required fee, and provide acceptable identification. *Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600, subpart 5.*

## Information about the deceased person - used to locate the requested death record

Subject/Deceased	First name (required)		Middle name (required)		Last name (required)		Name suffix	
	Date of death [MM/DD/YYYY] (required)	Date of birth [MM/DD/YYYY]	or Age	City of death		County of death (required)		State <b>MN</b>
	First parent's name		Second parent's name		Spouse on record (if any)			

## What kind of death certificate do you want?

- ☐ Certified death certificate *with* cause of death information
- ☐ Certified death certificate *without* cause of death information (only for records 1997 to today)
- ☐ Certified VA death certificate for Veterans Affairs-related purposes

## Person completing this application (requester)

Requester	Requester name (please print)				Date of birth (MM/DD/YYYY)			
	Mailing address - UPS will not deliver to PO boxes or APO addresses.			Apt/Unit #	City		State	ZIP
	Daytime phone			Email				

## MANDATORY — Check the boxes below that describe your relationship to the deceased subject of the record:

1. ☐ A child of the subject
2. ☐ The parent of the subject
3. ☐ The sibling of the subject
4. ☐ The spouse on the record
5. ☐ The grandparent of the subject
6. ☐ The grandchild of the subject
7. ☐ Party responsible (licensed mortician or funeral director) for filing the death record
8. ☐ Subject's personal representative; the certified death certificate is required for the administration of the estate
9. ☐ Successor of the subject; the certified death certificate is required for the administration of the estate
10. ☐ Trustee of a trust; the certified death certificate is required for the proper administration of the trust
11. ☐ Determination or protection of a personal or property right (*You must submit documentation showing this relationship*)
12. ☐ Adoption agency — to complete post-adoption search (*Employee ID required*)
13. ☐ Attorney — my Minnesota Attorney License Number is: \_\_\_\_\_ NON-Minnesota Attorney - affix copy of license
14. ☐ I am presenting a valid, certified copy of a U.S. court order (not a subpoena) that orders release of the death certificate to me
15. ☐ Local/state/tribal/federal governmental agency (*Employee ID required*)
16. ☐ I have a signed statement from a person listed above; it specifies the decedent's full name (first, middle, last) and date of death, the signer's relationship to the subject of the record, and authorizes me to obtain the certificate.
17. ☐ I am a representative of the Department of Veterans Affairs (Best practice: wait until family has verified death record.)

## Sign this form in front of a Notary Public if you are applying by MAIL or FAX.

*I certify that the information provided on this application is accurate and complete to the best of my knowledge. It is against the law to provide false information to get a death certificate. You may be subject to fines, jail time or both. Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.*

Signature of requester completing this application				Date	
				(if applying in person)	
Notary Public	Signed or attested before me on _____ day of _____, 20_____				Notary stamp/seal
	Printed name of notary public				
	Notary public signature		My commission expires		

# Death Certificate Application

Name of person completing this application				
<b>How many certified death certificates do you want?</b>			<b>Fee</b>	<b>Subtotals</b>
One certified death certificate			\$13	
Additional copies are \$6 each <i>if you buy them at the same time as one purchased at \$13.</i>		# of additional copies	x \$6	
<b>How many VA death certificates do you want?</b>		<b># VA certificates</b>	<b>Fee</b>	<b>VA certificates</b>
VA death certificates are for Veterans Affairs related purposes only			\$0	\$0
<b>How do you want to pay?</b>			<b>Amount due</b> Write in total if filling out by hand	
<b>Fees are due with the application and are non-refundable. Minnesota Statutes, section 144.226.</b>			Amount due	
<input type="checkbox"/> <b>Credit card</b> MasterCard/VISA/Discover	Cardholder name		Valid thru MM/YY	
	Card number		3-digit security code	
<input type="checkbox"/> <b>Check</b> Check # _____  <input type="checkbox"/> <b>Money order</b> Money order # _____		<b>Make check or money order payable to &lt;enter county name&gt; and send by mail with your application to address below.</b>  Yellow Medicine County		
If you have <b>questions about this form</b> , contact <county vital records office email address> or <county vital records office phone #>.				
<b>Mail your application, check, money order, or credit card information to:</b>  Yellow Medicine County Property & Public Services Public Services Division 180 8th Avenue Granite Falls, MN 56241 (320) 564-3132				